

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Tech. Center::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission::
Computer Readable Form (CRF):: No
Number of copies of CRF::
Title Line One:: Medical Implant Drug Delivery Device
Title Line Two::
Docket Number:: COCH-0149-US1
Request for Early Publication:: No
Request for Non-publication:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 9
Small Entity:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency ::
Contract or Grant Numbers One::
Contract or Grant Numbers Two::
Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant One Authority Type:: Inventor
Primary Citizenship Country:: Belgium
Status :: Full Capacity
Given Name:: Kristine
Middle Name::
Family Name:: Debruyne
Name Suffix::
City of Residence::
State or Prov. of Residence::
Country of Residence:: Mechelen BEX
Mailing Address Line One:: Schalienhoevedreef 20 I
Mailing Address Line Two::
City of Mailing Address:: Mechelen
State or Province of Mailing Address::
Country of Mailing Address:: Belgium
Postal or Zip Code of Mailing Address:: B-2900

2 - 00 Applicant Two Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status :: Full Capacity
Given Name:: Dirk
Middle Name::
Family Name:: Fiedler
Name Suffix::
City of Residence:: Lane Cove AUX
State or Prov. of Residence:: New South Wales
Country of Residence:: Australia
Mailing Address Line One:: 14 Mars Road
Mailing Address Line Two::
City of Mailing Address:: Lane Cove
State or Province of Mailing Address::
Country of Mailing Address:: Australia
Postal or Zip Code of Mailing Address:: 2066

3 - 00 Applicant Three Authority Type:: Inventor
Primary Citizenship Country:: Belgium
Status :: Full Capacity
Given Name:: Thomas
Middle Name::
Family Name:: Kaiser
Name Suffix::
City of Residence::
State or Prov. of Residence::
Country of Residence:: Mechelen BEX
Mailing Address Line One:: Schalienhoevedreef 20 I
Mailing Address Line Two::
City of Mailing Address:: Mechelen
State or Province of Mailing Address::
Country of Mailing Address:: Belgium
Postal or Zip Code of Mailing Address:: B-2900

4 - 00 Applicant Four Authority Type:: Inventor
Primary Citizenship Country:: Belgium
Status :: Full Capacity
Given Name:: Ben
Middle Name::
Family Name:: Kloeck
Name Suffix::
City of Residence:: Mechelen BEX
State or Prov. of Residence::
Country of Residence:: Mechelen
Mailing Address Line One:: Schalienhoevedreef 20 I
Mailing Address Line Two::
City of Mailing Address:: Mechelen
State or Province of Mailing Address::
Country of Mailing Address:: Belgium
Postal or Zip Code of Mailing Address:: B-2900

5 - 00 Applicant Five Authority Type:: Inventor
Primary Citizenship Country:: Australia/Yugoslavia
Status :: Full Capacity
Given Name:: Dusan
Middle Name::
Family Name:: Milojevic
Name Suffix::
City of Residence:: Westleigh ALX
State or Prov. of Residence::
Country of Residence:: Australia
Mailing Address Line One:: 63 Doueba Drive
Mailing Address Line Two::
City of Mailing Address:: Wesleigh
State or Province of Mailing Address::
Country of Mailing Address:: Australia
Postal or Zip Code of Mailing Address:: 2120

6 - 00 Applicant Six Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status :: Full Capacity
Given Name:: John
Middle Name::
Family Name:: Parker
Name Suffix::
City of Residence:: Roseville ALX
State or Prov. of Residence::
Country of Residence:: Australia
Mailing Address Line One:: 9 Moore Street
Mailing Address Line Two::
City of Mailing Address:: Roseville
State or Province of Mailing Address:: New South Wales
Country of Mailing Address:: Australia
Postal or Zip Code of Mailing Address:: 2069

Correspondence Information

Correspondence Customer Number:: 22,506
Name:: Jagtiani + Guttag
Street of mailing address:: 10363-A Democracy Lane
City of mailing address:: Fairfax
State or Province mailing address:: VA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 22030
Phone Number:: 703-591-2664
Fax Number:: 703-591-5907
E-Mail Address:: iplaw@jagtiani.com

Representative Information

Representative Customer Number:: 22,506

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/AU03/001584	11-28-03

Foreign Application Information

Country::	Application number::	Filing Date::	Priority Claimed::
Australia	2002952995	11-29-02	Yes
Australia	2002952997	11-29-02	Yes
Australia	2002952998	11-29-02	Yes

Assignee Information

Assignee name:: Cochlear Limited
Street of mailing address one:: 14-16 Mars Road
Street of mailing address two::
City of mailing address:: Lane Cove
State or Province of mailing address:: NSW
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 2066